



PATENT
ATTORNEY DOCKET NO. 78734

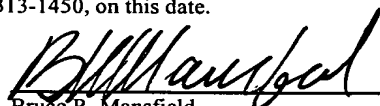
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joaseph A. Sbarounis)
Serial No.: 10/628,658)
Filed: July 28, 2003)
Title: TWO-LOBE ROTARY)
MACHINE)
Group Art)
Unit: Not Yet Assigned)
Examiner: Not Yet Assigned)

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on this date.

OCT 15 2003
Date


Bruce R. Mansfield
Registration No. 29,086
Attorney for Applicant

AMENDMENT B

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination, please enter the following Preliminary Amendment to the present application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks and Arguments begin on page 10 of this paper.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: Joaseph A. Sbarounis)
Title: TWO-LOBE ROTARY MACHINE)
Art Unit: Not Yet Assigned)
Examiner: Not Yet Assigned)

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I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Mail Stop **NON-FEE AMENDMENT**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

OCT 15 2003

Date

Bruce R. Mansfield

Registration No. 29,086

Attorney for Applicant(s)

Attorney Docket No.: 78734)
Customer No.: 22242)

Mail Stop NON-FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- ☐ An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is attached.
- ☒ No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended	Previously Paid For	Present Extra	Rate	Additional Fee
Independent Claims	2	2	** = 0	x \$ 84.00	= \$ 0.00
Total Claims	29	29	* = 0	x \$ 18.00	= \$ 0.00
Fee for Multiply Dependent Claims				\$ 280.00	
** At least 3				Total Additional Fee	\$ 0.00
* At least 20					

- ☐ Applicant(s) assert entitlement to Small Entity Status, thus reducing the fee by half to:

\$ 0.00

- ☐ A check in the amount of \$_____ is attached.

Application No. 10/628,658


Attorney Docket No. 78734

☐ Charge \$_____ to Deposit Account No. 06-1135.

☒ The Director is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Director is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.



~~OCT 15 2003~~
Date



Bruce R. Mansfield
Registration No. _____ 29,086

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